

Medical Memoranda

A Pencil in the Urinary Bladder

There are many accounts in the literature of an endless variety of foreign bodies in the urinary bladder, but I could not find another exactly comparable to the present case, and it therefore seems worth placing on record.

CASE HISTORY

A married man aged 28 was admitted to hospital complaining that he had a pencil in his bladder. He was accompanied by his doctor, who gave the history that the patient had introduced the foreign body the previous night.

On examination he was seen to be a well-developed man. His temperature was 98.6°, pulse 80, and respirations 20. He had only slight pain. He was able to pass water, but micturition was accompanied by pain, especially at the end of the act. On occasion there was obvious blood in the urine. The frequency of micturition was every 4 to 5 hours during the day and night. The stream was only a little impaired. The bladder was not distended. The end of the pencil was palpable in the perineum, projecting from the region of the bulb of the urethra and lying close under the skin. There was no extravasation of urine. By deep palpation above the symphysis pubis the pencil could be felt bimanually and movement conveyed to its extremity. There was no discharge of blood from the urethral orifice, but the latter showed signs of having been stretched, probably on a number of previous occasions. A radiograph (Fig. 1) showed the pencil lying vertically in the

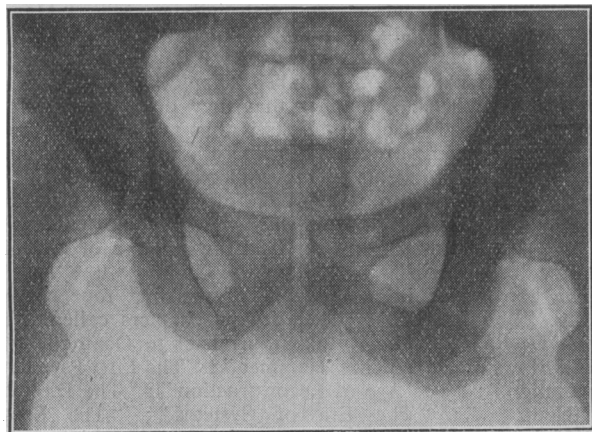


FIG. 1.—Radiograph showing position of the foreign body.

pelvis behind the symphysis pubis and projecting into the perineum.

Cystoscopy was performed under general anaesthesia. The cystoscope on reaching the bulb of the urethra touched the pencil but slipped through the prostatic urethra alongside the foreign body without any difficulty. A good view of the pencil was obtained, and the inscription on it could be clearly seen; there was a moderate cystitis. Suprapubic cystotomy was then performed. On opening the bladder the pencil was found to be lying vertically. Its unsharpened end was impacted in the mucosa of the fundus of the bladder, producing a small round ulcer but not penetrating the muscular coat. The distal end of the pencil lay in the prostatic urethra; the point penetrated the urethra in the region of the bulb and projected into the

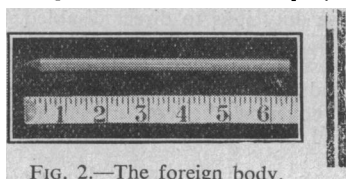


FIG. 2.—The foreign body.

tissues of the perineum. The pencil was easily removed by disimpacting the proximal end and withdrawing the distal end from the urethra. It measured 6½ in. in length (Fig. 2). The bladder was closed with suprapubic drainage.

The post-operative course was uneventful, the patient passing some urine naturally on the ninth day. At this time the suprapubic catheter began to leak, and was replaced by a Hamilton Irving box. The wound closed rapidly: at the end of 3 weeks it was dry and the patient up and about. He passed urine naturally, and at no time was there trouble in the perineum caused by the wound of the floor of the urethra.

COMMENT

On questioning the patient after operation he confessed that he had passed the pencil into his urethra many times, but that on this occasion it slipped out of reach and into the bladder without any great difficulty or pain. It is remarkable that an article of this length could so easily negotiate the natural curve of the urethra. True, the urethra had been dilated by previous attempts, and this was confirmed by the condition of the external urinary meatus and by the fact that the urethra could accommodate the foreign body and a cystoscope without difficulty. Presumably the point of the pencil was made to perforate the floor of the urethra by muscular contractions of the bladder during micturition.

My thanks are due to Dr. Gubbin, medical superintendent of the emergency hospital in which this patient was treated, for permission to publish this case; to Dr. Fraser for the radiograph; to Dr. Winternitz, my house-surgeon, for assistance in the treatment of this patient; and to Miss Lewis for the photograph.

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Cheese Itch: Contact Dermatitis due to Mite-infested Cheese Dust

We would like to draw attention to a form of dermatitis affecting persons handling cheeses the surface of which has become infested with mites of the *Tyroglyphus* family.

Some months ago three such cases were seen among two separate gangs of workers who were unloading imported cheeses at the dockside. While manipulating the crates they became showered with a fine brown powdery dust which thickly coated the cheeses; some hours later an acute irritable erythematous dermatitis developed over their faces, necks, and flexor wrist areas. They stated that all the other men who came in close contact with the dust were also affected, though less severely. Samples of the dust were found microscopically to be teeming with mites which were subsequently identified by Mr. E. Browning, Department of Zoology, British Museum (Natural History), as *Tyroglyphus longior* var. *Castellani*. Hirst, the mite which is responsible for eruptions in handlers of dried coconut kernel (copra itch). An account of these cases will be published shortly in the *British Journal of Dermatology*.

Just recently another group of cases has occurred at a provision depot among girls handling cheeses that had been stored for a considerable time. The dermatitis was of the same acute diffuse erythematous type and involved the same areas. A specimen of the cheese dust showed a heavy infestation of active *Tyroglyphid* mites with numerous ova and dead bodies.

It is noteworthy that, except for a few small urticarial lesions on the forearms in one patient, the eruption in no case suggested a parasitic cause, but was characteristic of dermatitis due to an irritant. Moreover, as all who were exposed to the dust seem to have been affected, it would appear that the mites must generate an irritant of considerable potency.

The dermatitis has subsided quickly, though in one case scaling of the eyelids persisted for over a fortnight.

Tyroglyphidae are of world-wide distribution and, apart from cheese, may attack foodstuffs of many kinds, such as flour, grain, sugar, dried meats and fruits, and jams. They may therefore present a problem not only as a cause of occupational dermatitis but as destroyers of stored foods, which is of added importance during wartime. In the case of cheese they live mainly in the rind and appear to cause little or no material damage to the cheese itself. They are not, of course, related in any way to cheese maggots, which bore into the cheese itself and are the larvae of a fly, *Piophilidae casei*.

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